

**Commonwealth of Virginia Department of Rehabilitative Services
Vocational Rehabilitation Program
Client Financial Statement**

Important Information: Use this form before the client receives any fee-based service. (see policy for use of RS-13 and RS-25 for school training beyond high school.) Use RS-13 Part 1 for who clients who receive General Relief, TANF, SSI or SSDI, even if client/family has other income, too. Use RS-13 Part 2 for all other clients, even if family members, but not client, receive SSI or SSDI. Update Part 2 annually using a separate RS-13 each year. Attach proof of income.

PART 2 - Client Share of VR cost (Complete only if Part 1 does not apply. Round to the nearest dollar.)			
1. Primary Financial Support (check one):		Self <input type="checkbox"/>	Parent <input type="checkbox"/>
		Spouse <input type="checkbox"/>	Guardian <input type="checkbox"/>
2. # People Dependent on Family Income (if family filed tax return, use # from tax return):		2.	
3a. Unadjusted Gross Total Annual Taxable Income of Family in Line 2		3a.	
3b. Exclusion for Annual Taxes, Health Insurance, and Retirement Savings.			
If Line 3a is under \$10,000, multiply Line 3a by 15%.			
If Line 3a is \$10,000 to \$14,999, multiply Line 3a by 20%.			
If Line 3a is \$15,000 to \$24,999, multiply Line 3a by 25%.			
If Line 3a is \$25,000 to \$34,999, multiply Line 3a by 30%.			
If Line 3a is \$35,000 and Over, multiply Line 3a by 35%.			
(Line 3a times		exclusion)	3b.
			\$0.00
3c. Adjusted Annual Taxable Income (Line 3a - Line 3b):		3c.	
		\$0.00	
4. Non-taxable Income (Workers' Comp., Veterans Disability, Child Support, etc.)		4.	
5. Total Adjusted Annual Income (Line 3c + Line 4):		5.	
		\$0.00	
6a. Total Cash Assets (see Note 1 below)		6a.	
6b. \$5000 Exclusion for Cash Assets		6b. \$5,000.00	
6c. Net Cash Assets (Line 6a - Line 6b. If Line 6a is \$5,000 or less, enter \$0)		6c.	
		\$0.00	
7. Adjusted Annual Income and Net Cash Assets (Line 5 + Line 6c.)		7.	
		\$0.00	
8. Annual Living Expenses Exclusion Based on Family Size			
(enter amount from Family Size Table on page 3)		8.	
9. Annual Disability-Related Expenses (itemize on Page 3)		9.	
10. Total Annual Exclusions (Line 8 + Line 9)		10.	
		\$0.00	
11. Client Resources (Line 7 - Line 10. If Line 7 is less than Line 10, enter \$0)		11.	
		\$0.00	
12. Client Percentage (enter % from Percent Contribution Table on Page 4)		12.	
All of the information on this form is true and complete to the best of my knowledge. I agree to give proof of this information. Proof may include a copy of my most recent tax return or other satisfactory proof (see Note 2). If I don't give proof when asked or I give false information, I may lose DRS assistance. DRS and I will review my financial condition annually, or sooner if I notify DRS of a change in my financial condition or family size. My counselor and I must look for comparable benefits (medical insurance, student financial aid, etc.) for certain services. My share of the annual cost (after deducting available comparable benefits) of fee-based services received is the percent shown in Line 12 above, but no more than the dollar amount in Line 11 above.			
Parent/guardian must sign below if the client is a minor/ward or is on the parent's/guardian's tax return:			
Client Name _____		Social Security # _____	
Client/parent Signature _____		Date _____	
Counselor Signature _____		Case load # _____	
		Date _____	
Proof of income is attached (check the box) <input type="checkbox"/>			

Note 1: Line 6a, Cash Assets includes checking, savings, money market accounts; CDs and bonds maturing within 6 months; stocks; life insurance net cash value; mutual funds; and other liquid assets. Do not include KEOGH, SEP and Individual Retirement Accounts.

Note 2: When not required to file a tax return, proof of income may include I.R.S. Form 1099-G for unemployment compensation or copy of monthly benefit check, W-2 form or copy of a pay stub from employer, copy of direct deposit bank statement.